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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	05-03-001
First Named Inventor	Thomas P. Pritchard, et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR LIFECYCLE DIGITAL MATURITY ASSESSMENT

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/491,873	08/01/2003	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 34279 → <i>Place Customer Number Bar Code Label here</i> <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 34279		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below					
Name Address Address City State ZIP Country Telephone Fax							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor: Thomas P. Pritchard		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Thomas P.		Pritchard					
Inventor's Signature				Date	12/8/03		
Residence: City	Howell	State	MI	Country	USA	Citizenship	USA
Post Office Address	4463 Wiltshire						
Post Office Address							
City	Howell	State	MI	ZIP	48843	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the X supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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PTO/SB/02A (3-97)
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Trudi M.			Waite				
Inventor's Signature	<i>Trudi M. Waite</i>					12/9/03 Date	
Residence: City	Rochester Hills	State	MI	Country	USA	Citizenship	USA
Post Office Address	803 Majestic Drive						
Post Office Address							
City	Rochester Hills	State	MI	ZIP	48306	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Helmut Christopher			Weber				
Inventor's Signature	<i>H. Christopher Weber</i>					12/9/03 Date	
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Post Office Address							
City	Northville	State	MI	ZIP	48167	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Stephen P.			Black				
Inventor's Signature						Date	
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Post Office Address							
City	Ann Arbor	State	MI	ZIP	48105	Country	USA

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Trudi M.		Waite						
Inventor's Signature							Date	
Residence: City	Rochester Hills	State	MI	Country	USA	Citizenship	USA	
Post Office Address	803 Majestic Drive							
Post Office Address								
City	Rochester Hills	State	MI	ZIP	48306	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Helmut Christopher		Weber						
Inventor's Signature							Date	
Residence: City	Northville	State	MI	Country	USA	Citizenship	USA	
Post Office Address	18017 Maple Hill Court							
Post Office Address								
City	Northville	State	MI	ZIP	48167	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Stephen P.		Black						
Inventor's Signature	<i>Stephen P. Black</i>						12/8/03 Date	
Residence: City	Ann Arbor	State	MI	Country	USA	Citizenship	USA	
Post Office Address	2200 Fuller Ct., Apt. 1205B							
Post Office Address								
City	Ann Arbor	State	MI	ZIP	48105	Country	USA	

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